



# VISN 9 CARES

## *Planning for Tomorrow Today*

November 2002

Vol. 1 No. 1

The Department of Veterans Affairs has launched the second phase of a major initiative to improve VA health care to meet the needs of veterans today and in the future. This program is called CARES, which stands for Capital Asset Realignment for Enhanced Services.

### What is CARES?

CARES is a data driven process that looks at veteran demographics – where veterans are living, their age, income, gaps and duplication of services being provided at VA hospitals and clinics, and access points to care. Reviewing unused space and investing in additional capital is also part of the data being reviewed. (A 1999 General Accounting Office report indicated that the Department of Veterans Affairs spent \$1 million per day maintaining buildings which were outdated and/or underused.) Through the CARES process, we will be able to put health care workers and financial resources where veterans need it most and not in bricks and mortar. CARES will help ensure that VA's capital assets are designed to meet the demand for VA health care during the next 20 years.

### Need for progress

VA's health care system was designed and built decades ago when patients stayed in the hospital for long periods of time. With new methods of medical treatment and changes in where veterans choose to live, VA is attempting to ensure that care is available where it is most needed. This means providing care to more veterans in more accessible locations. VA also is looking at buildings that may not be suitable, or needed, for the delivery of modern health care. Ideally, VA would find other uses for them. The money now used to support these buildings will be redirected to provide more accessible and cost-effective care elsewhere.

### There are several steps in Phase 2 of CARES:

<b>2002 JUNE</b> CARES roll-out began- Networks established market segments	<b>JULY-AUGUST</b> Networks sent data on space to VA Headquarters	<b>OCTOBER</b> VA Headquarters analyzes needs and identifies planning initiatives based on data submitted	<b>NOVEMBER</b> Market Workgroup begins working on Market Plan from the planning initiatives	<b>DECEMBER</b> Share information with stakeholders; conduct local focus groups; Market Workgroups complete planning initiatives
<b>2003 JANUARY</b> VISN 9 Executive Leadership Council and VISN Director review and finalize planning initiatives	<b>FEBRUARY</b> Networks submit Market Plans to VA Headquarters	<b>MARCH</b> VA Headquarters reviews all plans	<b>MAY CARES</b> Commission reviews and publishes the drafted plans	<b>MAY</b> Sixty-day public comment period begins; public hearings are held
<b>JUNE</b> Commission completes hearings	<b>SEPTEMBER</b> CARES Commission provides VA Secretary with recommendations	<b>OCTOBER</b> VA Secretary accepts or rejects the CARES Commission recommended CARES plan		



# The Network Director on CARES

This is an exciting time to be a part of the Department of Veterans Affairs' Veterans Health Administration. The national launching of the Department's Capital Asset Realignment of Enhanced Services (CARES) has served to revitalize a system destined otherwise for business as usual.

With CARES, we are now able to take a very close analytical look at all of our buildings, our services, and our programs. Most importantly, however, we are able to look at our veterans more intensely than ever before. We are looking at where veterans are choosing to receive their care; where veterans are migrating as they reach retirement age and beyond; and, we are taking into consideration what veterans will require in 5, 10, 15 and even 20 years from now.



*John Dandridge, Jr.  
Network Director*

While we always hear the voices of our veterans, we are additionally being challenged to listen to the subtle messages that veterans are sending us about what we need to do more of, or less of, and what we need to do better in our commitment to serve them.

In VISN 9, this year our Louisville VA Medical Center celebrated its 50<sup>th</sup> year. Next year, the James H. Quillen VA Medical Center in Mountain Home, Tennessee will celebrate its 100<sup>th</sup> anniversary. The average age of buildings in VA is 58 years. In the healthcare industry, 58 years is considered ancient given the changing needs of those we serve and evolving technologies. In order to meet the needs of veterans well into the future and insure that we are offering our veterans the best care, we will systematically evaluate the suitability of our existing facilities to continue our important mission.

CARES will provide the data and insight into our current and future needs that will enable us to best address the needs of our veterans and for the best utilization of our human resources and physical plants. The goal of the CARES process is not to close hospitals. It will mean, however, we will have to make recommendations to VA Headquarters that will likely result in plans to appropriately upgrade, and/or change the mission of some VA facilities.

CARES will enable the VA to determine type, cost, and locations of investments to be made to best meet the needs of veterans. Our purpose with this first VISN 9 CARES publication is to provide you with an overview of this important initiative, keep you informed of progress, and get your input.

A handwritten signature in black ink that reads "John Dandridge, Jr." The signature is stylized with a large, flowing "J" and "D".

John Dandridge, Jr.

## **Veterans Integrated Service Network 9**

***For employees and stakeholders within the VA MidSouth Healthcare Network***

Published by the VA MidSouth Healthcare Network  
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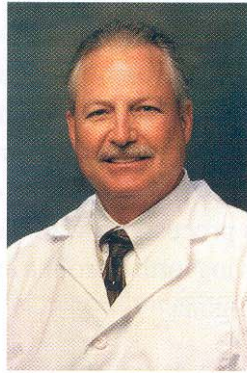
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# VISN 9 CARES Committee

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*Timothy P. Shea  
Director, Louisville  
VAMC*



*Richard D. Roth, DDS  
Chief, Dental Service,  
TN Valley Healthcare  
System*

A select group of individuals representative of the VA MidSouth Healthcare Network (VISN 9) are behind the scenes working methodically to successfully complete the CARES process. Several members of the VISN 9 CARES Committee have already completed elements of the planning process (i.e., Market Analysis, Inventory of Current VA Services, Summary of Operations, and Assessment of Physical Infrastructure).

In addition to finalizing the planning process, the VISN 9 CARES Committee will assist in the development of the VISN 9 CARES Implementation Plan.

## Committee Co-Chairs:

Timothy P. Shea, Director, Louisville VAMC  
Richard D. Roth, DDS, Chief, Dental Service,  
TN Valley Healthcare System

## Members:

Vincent Alvarez, MD, VISN 9  
Howard Bromley, MD, Memphis VAMC  
Frank Calderala, James H. Quillen VAMC  
Donna Childers, RN, Huntington VAMC  
Janice Cobb, RN, VISN 9  
William Delamater, Memphis VAMC  
J. B. Finlay, Huntington VAMC  
Danny Foster, VISN 9  
Sandra Glover, VISN 9  
Linda Godleski, MD, Louisville VAMC / VISN 9  
Joyce Jones, MD, Tennessee Valley Healthcare System  
Larry Kuzma, Lexington VAMC  
Juan Morales, RN, MSN, James H. Quillen VAMC  
Barbara Southworth, RN, Lexington VAMC  
William Witt, MD, Tennessee Valley Healthcare System  
Vivieca Wright, VISN 9

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## CARES Markets

### What is a Market?

A CARES planning market is a large geographic area having enough veterans to benefit from having VA health care services in their area. It is large enough to support a full health care delivery system (e.g., primary care; mental health care; inpatient care; tertiary care, if available; and long term care). Health care services may be provided through VA facilities, Department of Defense facilities, or private sector facilities.

### What factors are included in the decision to establish a Market?

CARES markets are based on many factors, including an understanding of veteran and enrollee location now and in the future, presence of geographic distinctions such as mountains, difficult terrain, major highways, locations and travel times/distances from existing VA facilities and community-based clinics.

### What is a Sub-Market?

Within a market, there may be urban and/or large rural areas requiring additional analysis in terms of service needs, referral patterns, and geographic barriers. These areas can be designated as sub-markets. Sub-markets may also be based on considerations such as proximity to a VA medical center or other inpatient care facility, historical veteran user preference, transportation systems and traffic patterns, and natural features (e.g., lakes, mountains, or large geographical areas).



# VISN 9 Markets

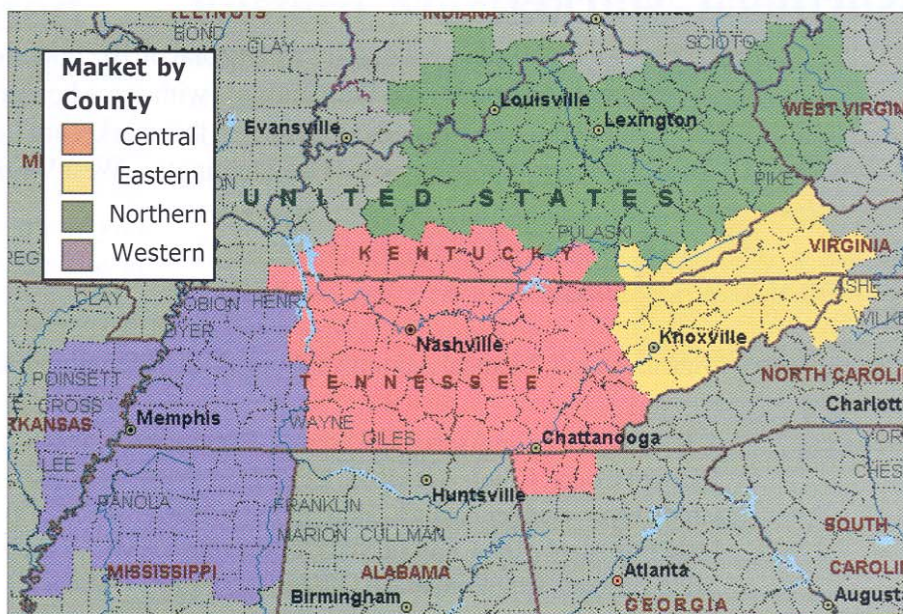
VISN 9 is divided into four defined “markets” which have already been established by a team of VISN 9 experts who did a thorough analysis of our geographic areas. The defined market areas were submitted to VA Headquarters. The markets were reviewed and accepted without changes.

These market areas will be the geographical areas used for further planning and evaluation of services.

The four markets include Central, Eastern, Northern, and Western. Within each market area, counties that have veterans receiving care from medical facilities within our VISN boundaries are identified.

There are workgroups for each market. The workgroups are comprised of talented individuals from within our VISN who are charged with developing market plans and service delivery options that will be sent to the VISN for review and then to VA Headquarters for further review by the National CARES Planning Office (NCPO).

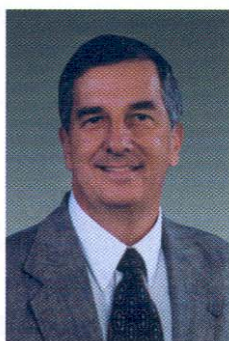
VISN 9 will focus primarily on areas where there are gaps in current supply and future demand for services; in facilities; and/or infrastructure. Gaps will be analyzed for access to care, workload demand, and quantity and quality of available space. Planning initiatives will also highlight areas for collaboration with DoD, VBA, NCA and the list of potential enhanced use sites. For each planning initiative, a cost analysis must be completed and alternatives must be considered.



## Specific Markets

### Central Market

In the **Central** market there are 75 counties represented. This market consists mainly of counties in Tennessee with some counties along the Tennessee/Kentucky border and a small portion of Georgia. The core medical center in this market is Tennessee Valley Healthcare System (TVHS) with campuses located in Murfreesboro and Nashville, Tennessee.



*Frank Calderala  
Capital Assets  
Manager, James H.  
Quillen VAMC*

#### Members:

Brian Hawkins, Business Office Manager, TVHS  
Joyce Jones, MD, Primary Care Service Line Manager, TVHS  
Kenyon Dupre, Acting Associate Director, TVHS  
John Glynn, AA/COS, TVHS  
Bill Witt, Chief, Radiology Service, TVHS  
Sabrina Hughes, Staff Assistant to the Director, TVHS  
Greg Sephel, Laboratory and Pathology Medicine, TVHS  
John Jernigan, AFGE Representative, Nashville Campus, TVHS  
Tom Shepherd, AFGE Representative, Alvin C. York Campus, TVHS

#### Central Market Workgroup

Chairperson: Frank Calderala, Capital Assets Manager  
James H. Quillen VAMC



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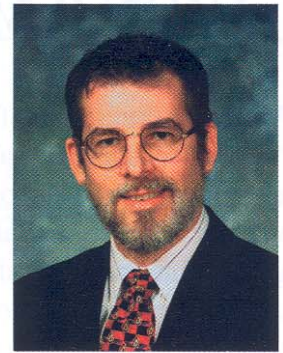
## Northern Market

The **Northern** market is VISN 9's largest market with a total of 102 counties. The Northern market consists of counties in Kentucky and West Virginia with some bordering counties in Ohio, Indiana, and Tennessee. The core medical centers in this market are Louisville and Lexington VA Medical Centers in Kentucky, and the Huntington, West Virginia VA Medical Center.

### Northern Market Workgroup

Chairperson: Marlin Angell, Medical Administrative Officer, Memphis VAMC

Members: J. B. Finley, Acting Associate Director, Huntington VAMC  
Richard Coger, Chief, A&MMS, Lexington VAMC  
Cindy Dyer, Budget Analyst, Huntington VAMC  
Dale Freeman, MD, Chief of Staff, Louisville VAMC  
Mike Holland, Chief Financial Officer, Lexington VAMC  
Randy Loomis, Associate Director, Louisville VAMC  
Jean Renaker, Executive Assistant to the Medical Center Director, Louisville VAMC  
E. Earl Gaar, MD, Chief, Surgical Service, Louisville VAMC  
James McCormick, MD, ACOS/Education, Lexington VAMC  
Joseph Pellecchia, MD, Chief of Staff, Huntington VAMC  
Judy Rittenhouse, Chief, Health Administration Service, Lexington VAMC  
Marylee Rothschild, MD, ACOS/Ambulatory Care Service, Louisville VAMC  
Ronald Stertzbach, PE, Chief, Facility & Plant Management, Huntington VAMC  
Jean Yates, Chief, Nursing Service, Huntington VAMC  
Brenda Duty, NAGE Representative, Lexington VAMC  
John Hetzel, AFGE Representative, Louisville VAMC  
Preston Stewart, AFGE Representative, Huntington VAMC



*Marlin Angell, Medical  
Administrative Officer,  
Memphis VAMC*

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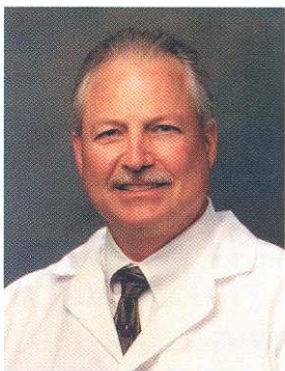
## Western Market

There are 53 counties in our **Western** market, which is comprised of counties in Tennessee with border areas of Mississippi and Arkansas. The core medical center in this market is the Memphis VA Medical Center.

### Western Market Workgroup

Chairperson: Richard D. Roth, DDS, Chief, Dental Service, TN Valley Healthcare System

Members: Howard Bromley, MD, Chief of Staff, Memphis VAMC  
William Delamater, Associate Director, Memphis VAMC  
Marlin Angell, Chief, Health Administration Service, Memphis VAMC  
Ted Spence, Chief, Facilities Management Service, Memphis VAMC  
James Lacey Smith, MD, Chief, Medical Service, Memphis VAMC  
Eugene Mangiante, MD, Chief, Surgical Service, Memphis VAMC  
Alethea Moore, AA/COS, Memphis VAMC  
Kathleen Pachomski, AFGE Representative, Memphis VAMC  
Frances Lopez, NAGE Representative, Memphis VAMC



*Richard D. Roth, DDS  
Chief, Dental Service,  
TN Valley Healthcare  
System*



## Keeping you informed

Your opinion is important to us. We will keep you informed throughout the CARES process by using a variety of methods, including town meetings, newsletters and the media to communicate new developments and to solicit your input in the CARES process. For more information, you can also log onto the national CARES web site at [www.va.gov/CARES](http://www.va.gov/CARES).

Do you have questions or comments about how the CARES process will impact VA Midsouth Healthcare Network facilities? Submit them here. VISN 9 staff will compile the questions and provide responses.

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Optional information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone  
Number \_\_\_\_\_

I am a :

\_\_\_\_ Veteran      \_\_\_\_ Family Member  
\_\_\_\_ Employee      \_\_\_\_ Volunteer  
\_\_\_\_ Other \_\_\_\_\_

Your VA Facility: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mail this to:

Sandra L. Glover, VISN 9  
1310 24<sup>th</sup> Ave. So., Room 1G-127  
Nashville, TN 37212

## Eastern Market

VISN 9's **Eastern** market consists of 36 counties. The Eastern market area has a number of counties in Tennessee, but also counties in Kentucky and Virginia. This market may, at the end of the CARES process, grow to include counties in North Carolina and one in Virginia.



*Larry Kuzma, Chief  
Engineering Service,  
Lexington VAMC*

### Eastern Market Workgroup

Chairperson: Larry Kuzma, Chief Engineering Service, Lexington VAMC

Members: John McFadden, Associate Director, James H. Quillen VAMC  
Juan Morales, Associate Director for Patient Care Nursing Services, James H. Quillen VAMC  
Louis Cancellaro, MD, Chief of Staff, James H. Quillen VAMC  
Charles Wilcher, Chief Financial Officer, James H. Quillen VAMC  
David Reagan, MD, ACOS/ Ambulatory Care, James H. Quillen VAMC  
Judy Fowler, Public Affairs Officer, James H. Quillen VAMC  
Brian Hawkins, Business Office Manager, TVHS  
Sinora Lewis, AFGE Representative, James H. Quillen VAMC

